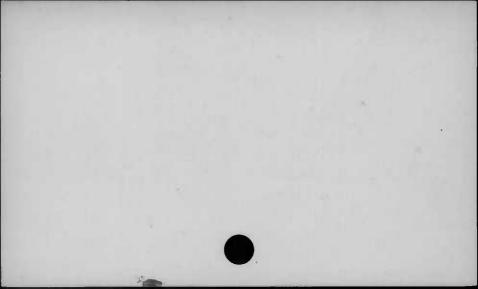
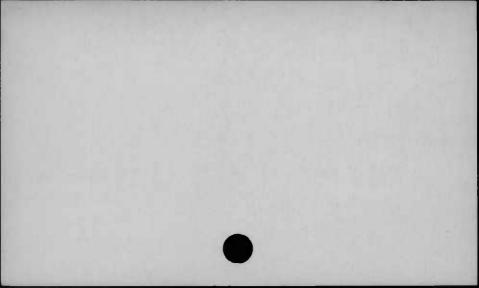
in Full	Inviller Il	EES			CERTIFICATE OF DEAT	
TO BE ANSWERED BY NEAREST FRIEND	Died at AC gen lor	Day	County	Mont	MARYLAND bs Days	
	of death 19	9	AGE 69	A Control		
	Sex male	Color or Race	olored	Birth- place M	arylan C	
	Occupation Where Residing if not at place of death					
	Married, Single married	Name of Wife or	Cornelia J	Kus	2	
	Father's Name Not known Birthplace			Father's Birthplace	not kouse	
				Mother's Birthplace		
	Name of person giving Mary Jana Summa How related to deceased			dangelie		
	06	CAUSE	S OF DEATH			
	Primary			How long	A .	
PHYSICIAN OR CORONER	Immediate Skart 1	troubl	e	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		À	
			Address			
	Accident or Suicide?					
					LIBRARY SURFAIL ASSSS	

87 The

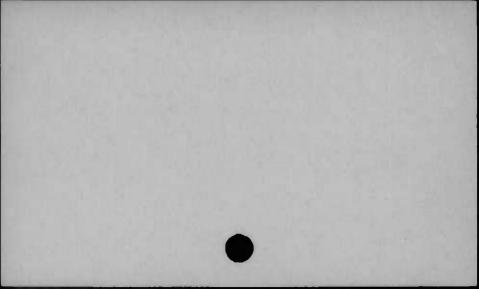
Name in Full	Certificate of Death						
Mary Re	lly						
Died at Port De hoset	County Cecil MARYLAND						
Date 19 aug 8 Ag							
White white Mar							
Female Colored Sing	e Widower Number of children living						
Husband							
Wife	SULL AND						
Father's	Mother's						
Name	Maiden Name						
Cause of Primary Effect of Burns of abdornan How long sick							
Death Immediate	Accident, Swieide, Hamieide						
Reported by & Clemson med							
Address Post Deposit Mill							
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							
	LIERARY BUREAU, 79808						



Certificate of Death Name in Full Died at Occupation uo Colored Single Name Cause of Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79898



Certificate of Death Number of children living Wife Mother's Name How long sick Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



Name in Full Certificate of Death Date 189 Male White Married Widow Colored Single Widower Number of children living Mother's Name Name How long sick > Death Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65069

2.8. Selly undersorder Rustuloum Name in Full Certificate of Death Number of children living woul Father's Name Cause of Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, SERSE

Attending physician was Dr. A of Thyattsville, Mid, Information contained in this certificate received from I Basich Undertaken of Bladens burg